

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-048800

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10720

20120

3

4 10

5 1

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7 1

8 0

9 1201

10

11

12 10-10

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Lilbourn

Length of stay in 1b  
46

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY New Madrid

c. CITY OR TOWN Lilbourn Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Felix Anderson Dillard

4. DATE OF DEATH  
Month Day Year  
December 10 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-1-1881

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

8 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Brookport, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Adrain Dillard

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Florence Dillard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sam Dillard-Lilbourn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis Severe

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1961 to Dec 10 1963 and last saw him alive on Dec 10 1963  
Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Daniel R Heesleef MD

22b. ADDRESS

Lilbourn

22c. DATE SIGNED

12/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-12-63

23c. NAME OF CEMETERY OR CREMATORY

Mounds Park

23d. LOCATION (City, town, or county)

Near Lilbourn, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Ponder Funeral Home-Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.

12-12-1963

26. REGISTRAR'S SIGNATURE

Charles Simpson by H.L. Ponder

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.